


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90065 024 \*\*\*150.00

<b>DOCUMENT # P03000043574</b> 1. Entity Name <b>EXECUTIVE APPRAISALS, INC.</b>					
Principal Place of Business <b>28946 LONGMEADOW LOOP WESLEY CHAPEL, FL 33543</b>			Mailing Address <b>28946 LONGMEADOW LOOP WESLEY CHAPEL, FL 33543</b>		
2. Principal Place of Business - No P.O. Box # <b>20903 LAKE TALIA BLVD</b>		3. Mailing Address <b>20903 LAKE TALIA BLVD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LAND O LAKES FL</b>		City & State <b>LAND O LAKES, FL</b>		4. FEI Number <b>54-2105269</b>	
Zip <b>34638</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FARMER, ANTHONY 28946 LONGMEADOW LOOP WESLEY CHAPEL, FL 33543</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>20903 LAKE TALIA BLVD</b> City <b>LAND O LAKES</b> <b>FL</b> Zip Code <b>34638</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARMER, ANTHONY 28946 LONGMEADOW LOOP WESLEY CHAPEL, FL 33543		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20903 LAKE TALIA BLVD LAND O LAKES, FL 34638</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: <u>Anthony Farmer</u> <b>President 4/20/07 813-310-8733</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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